

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/597,427		FILING DATE 7.25.06				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		1		1			58						
9	1		1				59						
10		1		1			60						
11		2		1			61						
12		0		1			62						
13		0		1			63						
14							64						
15							65						
16							66						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	14	←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	16		13				TOTAL CLAIMS						